INSTRUCTIONS: The appropriate. All further coindicated unless corrected maintenance fee notification	Uf 2 3 2006  ym should be seed for transport of including the below of directed otherwise ns.  CE ADDRESS (Note: Use Block 1 for	nsmitting the IS Patent, advance e in Block 1, by	le fee(s), to:  On  SUB FEE and orders and not (a) specifying	Mail r Fax	P.O. Box 1450 Alexandria, Viri (571)-273-2885  CATION FEE (if required of maintenance fees correspondence address	ginia 22313-1450  uired). Blocks 1 through 5  will be mailed to the currer s; and/or (b) indicating a se	should be completed where at correspondence address as parate "FEE ADDRESS" for
Sanchelima and Jesus Sanchelima, 235 S.W. Le Jeune Miami, PL 33134	,		have its own certificat	e of mailing or transmission.	for domestic mailings of the for any other accompanying tent or formal drawing, must assume the control of the		
					8-23-UD		(Signature) (Deta)
APPLICATION NO.	APPLICATION NO. FILING DATE FIRST NAT			ED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/768,207 02/02/2004 Hermis Ortega 230235 TITLE OF INVENTION: MULTI PURPOSE MACHINE							6055
APPLN. TYPE	SMALL ENTITY	ISSUE 1	TRE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
uonprovisional	YES	\$700		-	\$0	\$700	08/25/2006
EXAMINER AR			JNIT C		ASS-SUBCLASS		
PAYER, HWE			030-043920		4 P 7 4 0 0 7		
Address form PTO/SB/122) attached.    "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.    ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)    PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							elinaa. 65 Pasce, p.
(B) RESIDENCE: (CTTY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government  4a. The following fec(s) are enclosed:    A check in the amount of the fec(s) is enclosed.   A check in the amount of the fec(s) is enclosed.   Payment by credit card. Form PTO-2038 is attached.   The Director is hereby authorized by charge the required fec(s), or credit any overpaymont to Deposit Account Number 19-014. (enclose an extra copy of this form).							
S. Change in Entity Status (f	rom status indicated above)		Deposit Acc	ount Ni	10ber 19-011A	enclose an extra	copy of this form).
☐ a. Applicant claims SM.	ALL ENTITY status, See 37	CFR 1.27.	🗆 b. Applican	t is no lo	onger claiming SMALI	ENTITY status. Sec 37 CP.	R 1 27/a)/2)
The Director of the USPTO is NOTE: The Issue Fee and Pub nizrest as shown by the record	requested to apply the lasue lication Fee (if required) will a of the United States Paten	Fee and Publicat I not be accepted and Trademark (	on Fee (if any) from anyone of Office,	or to re- her than	apply any previously the applicant; a regist	paid issue fee to the applicati ered attorney or agent; or the	on identified above. assignee or other party in
Authorized Signature					Date 8-	23-06	
Typed or printed name Jesus Sanchelima Registration No. 28, 755							
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## THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re: Application of:

Date: August 21, 2006

Ortega, Hermis

Serial No: 10/768,207

Filed: February 2, 2004

Atty. Dkt. No. 230235

Title: "MULTI PURPOSE MACHINE"

## **ISSUE FEE**

## **CERTIFICATION OF FACSIMILE TRANSMISSION**

I HEREBY CERTIFY that this paper is being facsimile transmitted to the U.S. Patent & Trademark Office on August 23,2004. I have been warned that willful false statements and the like are punishable by fine or imprisonment, or both (18 U.S.C. 1001), and may jeopardize the validity of this application, document, registration or patent resulting therefrom.

Yvette Ruiz, Patent Department
(Printed name of the person signing the certificate)

(Signature of the person signing the certificate)

FROM:

SANCHELIMA & ASSOCIATES, P.A.

235 SW Le Jeune Road, Miami, Florida 33134

Ph:(305)447-1617 Fax:(305)445-8484

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